

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for the Chronic Pain Management Program.
- b. The request was received on April 22, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. Response to initial request not submitted.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on June 20, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on June 24, 2002. The response from the insurance carrier was received in the Division on July 8, 2002. Based on 133.307 (i) the insurance carrier's response is untimely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence, dated April 22, 2002, that...
"...Because there is no set fee guideline for chronic pain management in the 1996 TWCC Medical Fee Guidelines, we feel that the \$80.00 per hour that is billed by the NOBIS Group is fair and reasonable. Our program is billed un 97799 CP, as unlisted physical medicine/rehabilitation service or procedure...

2. I have also enclosed copies of other Insurance Carrier's EOB;s reflecting their payment of our billed hourly rate of \$180.00 per hour without reduction. The NOBIS Group hires master level therapists to perform the behavioral component as well as contracts with competent providers to provide the physical therapy component to make this a true multi-disciplinary program..."

2. Respondent: Untimely response.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on May 23, 2001 and extending through June 14, 2001.
2. Initial request for dispute resolution was sent to ____ located at ____ in _____. Certified Return Receipt #: 7001 2510 0004 2779 8331.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
05/23/01 05/24/01 06/11/01 06/12/01 06/13/01 06/14/01	97799-CP (7) 97799-CP (6) 97799-CP (7) 97799-CP (7) 97799-CP (7) 97799-CP (7)	\$1260.00 \$1080.00 \$1260.00 \$1260.00 \$1260.00 \$1260.00	\$644.00 \$644.00 \$644.00 \$644.00 \$644.00 \$644.00	F F F F F F	DOP Requestor has billed \$180.00/ hr. \$180.00 x 41 hrs. = \$7,380.00	Rule 133.1(a)(8) Rule 134.1(f)	Clinical notes support services rendered. Requestor has submitted redacted EOB's supporting payment at \$180.00 per hour. Additional reimbursement in the amount of \$3,516.00 (\$7,380.00 - \$3,864.00 = \$3,516.00) is recommended.
Totals		\$7,380.00	\$3,864.00				The Requestor is entitled to reimbursement in the amount of \$3,516.00

The above Findings and Decision are hereby issued this 17th day of January 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$3,516.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 17th day of January 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

MF/mf